

## **Data Set Guide Transmittal #2**

*Date*

«FirstName» «LastName» «Title»  
«JobTitle»  
«Company»  
«Address1»  
«Address2»  
«City», «State» «ZipCode»

Dear «Salutation»:

The Kentucky Department for Mental Health and Mental Retardation Services (KDMHMRS) submitted several recommendations to the Joint Committee for Information Continuity (JCIC) for changes and/or clarifications to the Data Set Guides. The JCIC met on November 20, 2002 and approved many of the recommendations with an effective date of July 1, 2003.

The purpose of this letter is to notify you in detail of the changes which have been approved. Please share this letter and the updated data dictionary with appropriate staff. These changes have also been added to the Department's website and can be found at:

[http://dmhmrs.chr.state.ky.us/CMHC/cmhc\\_data\\_guide.asp](http://dmhmrs.chr.state.ky.us/CMHC/cmhc_data_guide.asp)

**Final changes to the Data Set Guides effective for July 1, 2003 are still under review by the JCIC and will be forthcoming in the next Data Set Transmittal Letter scheduled to be released no later than by the end of February 2003.**

If you or Center staff have any questions, or need more information, please contact Mr. Greg Coulter at: Phone: (502) 564-4860 or by Email: at [Greg.Coulter@mail.state.ky.us](mailto:Greg.Coulter@mail.state.ky.us).

Your cooperation is appreciated.

Sincerely,

Margaret Pennington  
Commissioner

# **Summary of Changes**

## **✓ A. Changes to Data Set Guide Introduction**

- Added clarification to Fatal, General & Possible Error, Error and Completeness Standard definitions
- Data Set Guide Policy on Annual Changes has been added
- Revised Client Submission Process has been added now that we maintain Client Historical Data
- Procedure for Reporting Pseudo Client Number in Client and Event Data Sets has been added
- Human Resource Data Set Hire and Termination Dates have been clarified

## **✓ B. Changes to Event Data Set Guide - Appendix E**

- Appendix E - Unit Type definitions such as Client Day, Client Hour, ¼ Staff Hour, etc... have been moved from the CMHC Reimbursement Manual to the Event Data Set Guide for easier reference
- Appendix E - Medicaid Service Codes – (FA0-9)-HCPCS Procedure Code Added X0103 Adult Foster Care
- Appendix E (FA0-12) MHMR Service Code 31 - Respite definition has been clarified
- Appendix E (FA0-12) MHMR Service Code 63 Case Mgt has had definition expanded to include telephone contacts in order to be consistent with 907 KAR 3:110 Section 4 (8)
- Appendix E (FA0-12) MHMR Service Code 72 – MH Prevention definition has been added
- Appendix E (FA0-12) MHMR Service Codes 24 and 25 reporting procedure for pseudo client has been added
- Appendix E (FA0-12) MHMR Service Codes added the following new codes because HIPAA standards do not identify the place of service for Group Home, Family Home or Staffed Residence
  - Added 95 MR Residential Supports in Group Home
  - Added 96 MR Residential Supports in Family Home
  - Added 97 MR Residential Supports in Staffed Residence
  - Added 77 MR Residential Supports in Adult Foster
- (FA0-13) Line Charge has been removed as a required field. Data Set Guide purpose is to count services and clients served; it is not meant to be a financial analysis tool. Existing reports such as Quarterly Statements and Cost Reports should be used for financial analysis.
- (FA0-18) Unit of Service for each service has been defined to clarify whether the unit of service is applicable to staff time or client time

## **✓ C. Changes to Client Data Set Guide**

- Revised Client Submission Process has been added
- Field 6 Client Status added new status code for Pseudo Clients
- Field 10 Race added special note concerning Japanese-Americans
- Field 13 Veteran Status added special note to define Military Service
- Field 14 Marital Status added special note concerning annulments
- Field 22 Source of Referral added new code 20 for Drug Court
- Field 51 Perpetrator of Physical Abuse added further clarification of the definition

## **A. Detail of Changes to Data Set Guide Introduction**

- **Added Clarification in definition of Fatal, General and Possible Error and Completeness Standard**

1. Fatal Error = occurs when an invalid value is reported in a **required** field is (for example; an invalid Client ID). This record will be rejected from the submission and Center must correct and resubmit it. This record/error is not counted towards the completeness standard since the record has been rejected and is not in the Client table.

2. General Error = occurs when an invalid value is reported in any other field. (for example; a '7' in the Client Sex field) An error is recorded and displayed in the Audit report, the field is changed to the default value (normally the Unknown/Not Collected code) and the record is accepted into the data set.

3. Possible Error = occurs when a value in the field conflicts with a value in another field (for example: Pregnant Women field checked 'Yes' and Sex is Male) or when the value falls outside the normally accepted range (for example: Date of Birth is over 100 years ago). The error is displayed in the Audit report, but no change is made to the record and it is accepted into the data set.

4. Completeness Standard = occurs when more than 5% of the accepted records contain Unknown/Not Collected in a field. (for example; = If 400 Client Data Set records are submitted, then a required field such as Patient Sex could not have more than 20 total records with an unknown Patient Sex before the submission fails the completeness test. NOTE: only one field failing the completeness standard will cause the entire submission to fail the Completeness Test.

- **Added Data Set Guide Policy on Annual Changes**

Changes will only be made annually effective July 1 of each year.

Changes must be submitted for review to the Joint Committee for Information Continuity (JCIC) no later than the preceding November JCIC meeting.

JCIC will approve or deny the request no later than the January JCIC meeting.

Changes approved by the JCIC effective for the upcoming July 1<sup>st</sup> Fiscal by the January JCIC meeting will be incorporated into Plan & Budget Letter and into a Data Set Guide Transmittal letter and released to Centers no later than end of February of each year.

- **Added Revised Client Submission Procedure**

### **Historical Client Guidelines & Data Submission Procedure**

In prior fiscal years, the submission of a new client dataset file meant the overwriting of the previously submitted demographic/client data. This will no longer be the case. The client dataset information will now be retained relative to individual months and years; i.e., the dataset will now capture 12 months worth of client data per fiscal year.

This new data storage method will allow us to effectively track changes in client dataset information over the course of the fiscal year. Also, events and client service information will be more closely tied to accurate and timely information that will represent a "true" picture of the information submitted. The new historical client information will require very little change on the data submission process. The client dataset

(\*CS.DAT) will still be sent in with all the applicable fields maintained. The dataset will now be stored with Month and Year information, creating a unique client record per month. This new data storage method will affect resubmissions. Since the data will no longer be overwriting the previous month's data we have provided the following ways to delete erroneous records previously submitted.

1. Resubmission of the complete months client data file, with data file names ending in CS or CR. (This method previously existed)
2. Submission of a data set containing just the records to be deleted for the specific month. This requires that the user provide a new code in **field number 7, Provider Identifier**, to signal that the record is to be removed from that month's dataset:

**Field Number: 7**

**Field Name: Provider Identifier**

**Code: "Delete"**

**Type: Alpha**

**Length: 6**

All of the records to be deleted in a month need to be included in a "CX" file with the following naming convention: <region number><month><year>CX.DAT.

NOTE: The transition to this way of reporting should be virtually seamless to the end user. The user will Client Data Set.

#### **Corrections:**

Several programs now search all 12 months of client's records to see if clients fit within a given Target Population. Therefore, if a client record has an inaccurate field (even if it's only in one month's data), it needs to be corrected. This correction file will be named with the region, month and year of the record to be corrected, plus "CC.dat".

- **Added Procedure for Submitting Data using Pseudo Client Type = 3**

(FA0-12) ONLY FOR Service Codes 24 and 25 – they may be reported using a Pseudo Client by reporting them as a Client Type 3 in field 6 (Client Status) of Client Data Set.

- **Added Clarification Regarding Hire and Termination Dates**

When a staff member leaves the employment of a region, the region changes the HR record by entering the Separation Date. If the person is then re-hired, some regions change the Employment date to the most recent hire date and do not eliminate the Separation Date. This causes a one time General error (Term before Hire Date) and termination date is set to null in RDMC's database. As long as you understand that not removing the Separation date will result in a General error and that the old Separation Date will be removed from the RDMC database, there is no need to change your system.

## B. Detail of Changes to Event Data Set - Appendix E

### Appendix E – Service Codes

#### Units of Service

##### **1 Client Day**

A client day shall begin at midnight and end 24 hours later. A part day of admission shall counts as a full day.

##### **1 Client Hour**

A client hour shall start when a face-to-face contact starts and shall end 60 minutes later for the initial unit. Beyond the initial unit, less than thirty (30) minutes shall be rounded down; thirty minutes or greater shall be rounded up.

Example: Actual Time 1 hour and 20 minutes = 1 hour

##### **¼ Client Hour**

A client quarter hour shall start when a face-to-face contact starts. For those services where a unit of service is 15 minutes, the time may be rounded up or down. An initial unit of service less than 15 minutes may be billed as one unit. Beyond the initial unit, service times less than ½ of the unit shall be rounded down; service time which is equal to or greater than ½ of the unit shall be rounded up.

Example: 20 minutes equals one unit. 25 minutes equals two units.

##### **¼ Staff Hour**

A staff quarter hour shall start when the service begins. For those services where a unit of service is 15 minutes, the time may be rounded up or down. An initial unit of service less than 15 minutes may be billed as one unit. Beyond the initial unit, service times less than ½ of the unit shall be rounded down; service time which is equal to or greater than ½ of the unit shall be rounded up.

##### **1 Staff Hour**

A staff hour shall start when the service begins and shall end 60 minutes later for the initial unit. Beyond the initial unit, less than 30 minutes shall be rounded down, 30 minutes or greater shall be rounded up.

##### **Case Management MH Adult**

A unit of service shall be one month; for a billable service to have occurred; at least 4 service contacts shall have occurred; 2 of the contacts shall be face-to-face with the client and the other 2 contacts may be face-to-face or by telephone with or on behalf of client

##### **Case Management SED Children**

A unit of service shall be one month; for a billable service to have occurred, at least 4 service contacts shall have occurred; 2 of the contacts shall be face-to-face; at least 1 contact shall be with the child and the other with the family, parent(s) or person in custodial control. The other 2 contacts may be by telephone or face-to-face contacts with or on behalf of the child.

##### **Special Note:**

**When submitting Event Data for a date of service, all units for that service date should be reported on one line of the Event Data Set as follows:**

**A service is provided that is counted in ¼ hr units and an hour of service is provided to client. Thus, the event should be reported as one line with 4 units of service (the client received 4 ¼ hr units of service which equals 1 hour).**

## DMHMRS Service Code Listing

Service Code	Description	Unit of Service
01	Diagnostic Interview	1/4 <u>client</u> hour
02	Intensive In-Home	1/4 <u>client</u> hour
03	Assessment DUI	1 Assessment
04	PASARR – Level II Evaluation	1/4 <u>staff</u> hour
06	Consultation PASARR	1/4 <u>staff</u> hour
10	Psychiatric Diagnostic Evaluation	1/4 <u>client</u> hour
11	Medical Evaluation	1/4 <u>client</u> hour
12	Psychiatric Evaluation of Records	1/4 <u>staff</u> hour
13	Psychiatric Report Preparation	1/4 <u>staff</u> hour
20	Psychological Testing	1/4 <u>client</u> hour
21	Specialized Evaluation and Consultation (IFBSS)	1/4 <u>client</u> hour
22	Intervention Services (IFBSS - "Family Support Services")	1/4 <u>client</u> hour
23	Intervention Services (IFBSS - "Overnight Care")	1/4 <u>client</u> hour
24	Miscellaneous Services Purchased	1 Service
25	Miscellaneous Goods Purchased	1 Purchase
27	Therapeutic Foster Family Treatment	1 <u>client</u> day
28	Therapeutic Rehabilitation Svcs (Children – Day Program)	1 <u>client</u> hour
29	Therapeutic Rehab. Svcs (Children–After School Pgm)	1 <u>client</u> hour
30	Therapeutic Rehabilitation Services (Adults)	1 <u>client</u> hour
31	Respite Care	1/4 <u>client</u> hour
34	SA Transitional	1 <u>client</u> day
35	SA Residential	1 <u>client</u> day
36	SA Family Residential	1 <u>client</u> day
37	Specialized Personal Care Home Services	1 <u>client</u> day
38	Residential Crisis Stabilization – Adult	1 <u>client</u> day
39	Residential Crisis Stabilization – Child and Adolescent	1 <u>client</u> day
40	Residential Support	1 <u>client</u> day
41	Detoxification (Non-Medical)	1 <u>client</u> day
42	Detoxification (Medical)	1 <u>client</u> day
43	Supported Housing	1 <u>client</u> day
44	SA Family Transitional – New for FY 2003	1 <u>client</u> day
50	Individual Therapy	1/4 <u>client</u> hour
51	Individual Therapy (Psychiatrist)	1/4 <u>client</u> hour
52	Group Therapy	1/4 <u>client</u> hour
53	Intensive Outpatient SA	1/4 <u>client</u> hour
54	Intensive Outpatient MH	1/4 <u>client</u> hour
60	Case Management Services Adult MH	1 Month
61	Case Management Services Children MH	1 Month
62	Support Coordination - MR	1 Month
63	Case Management Services SA	1/4 <u>staff</u> hour
70	DUI Education Services	1/4 <u>staff</u> hour
72	MH Prevention	1/4 <u>staff</u> hour
73	Consultation	1/4 <u>staff</u> hour
74	Outreach and Education	1/4 <u>staff</u> hour
<u>77</u>	<u>MR Residential Supports in Adult Foster</u>	1 <u>client</u> day
78	Pre-Vocational Services	1/4 <u>client</u> hour

79	Community Living Supports - new FY 2002	1/4 <u>client</u> hour
80	Social Club (Drop-in)	1 <u>staff</u> hour
81	Community Habilitation Services	1/4 <u>client</u> hour
82	In-Home Support	1/4 <u>client</u> hour
83	Early Intervention/First Steps	1/4 <u>client</u> hour
84	Behavior Support	1/4 <u>client</u> hour
85	Supported Employment (MH/MR)	1/4 <u>staff</u> hour
86	Leisure	1/4 <u>staff</u> hour
87	Occupational Therapy	1/4 <u>client</u> hour
88	Physical Therapy	1/4 <u>client</u> hour
89	Speech Therapy	1/4 <u>client</u> hour
90	PASRR Specialized Services - new FY 2002	1 service
91	MR Crisis and Prevention - new FY 2002	1 service
93	MR Residential Supports - new FY 2002	1 <u>client</u> day
94	PASRR Specialized Goods Purchased - new FY 2003	1 purchase
95	<u>MR Residential Supports in Group Home</u>	1 <u>client</u> day
96	<u>MR Residential Supports in Family Home</u>	1 <u>client</u> day
97	<u>MR Residential Supports in Staffed Residence</u>	1 <u>client</u> day
99	Other Non-DMHMRS service specified in FA0-9	

## **Medicaid Codes Crosswalk**

**Added**X013 Adult Foster Care will now be accepted in (FA0-9)-HCPCS Procedure

X0103	<b>SCL</b>	Adult Foster Care	1 day	
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## Appendix E (FA0-12) MHMR Service Codes

### 24: Miscellaneous Services Purchased

Unit of Service: 1 Service

Definition: Services purchased to allow an individual to maintain a stable living environment in the community.

#### **Special Notes:**

1. When a service is purchased that is applicable to multiple individuals and cannot reasonably be broken down to report a service for each individual, such as a movie rental for several individuals, then report one unit of service using a Pseudo Number and Client Status = 3 in Client Data Set.

2. You may report IFBSS service units in the Event Data Set if you choose to; however, this is optional. All Centers must report the IFBSS services using the current paper reporting system which collects financial information as well as units of service.

### 25: Miscellaneous Goods Purchased

Unit of Service: 1 purchase

Definition: Tangible items purchased to allow an individual to maintain a stable living environment in the community. **Note: Includes adult mental health case management wraparound services to provide non-recurring costs of goods necessary for a stable living environment in the community for which no other method of payment is available.**

#### **Special Notes:**

1. When a good is purchased that is applicable to multiple individuals and cannot reasonably be broken down to report a good for each individual, such as a pizza for several individuals, then report one unit of service using a Pseudo Number and Client Status = 3 in Client Data Set.

2. You may report IFBSS service units in the Event Data Set if you choose to; however, this is optional. All Centers must report the IFBSS services using the current paper reporting system which collects financial information as well as units of service.

### 31: Respite Care -Hourly - changed FY 2003

Unit of Service: 1/4 Hour

Definition: Care provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons providing the care. ~~This includes care provided less than 24 hours and with no overnight stay.~~



### **63: Case Management Services SA**

Unit of Service: ¼ Hour

Definition: Contact by a qualified professional or under the supervision of a qualified professional to assist the client in accessing or effectively utilizing health, social, or other supportive human services. Services may include:

- a. face-to-face or telephone contacts with or on behalf of a client
- b. service travel connected with a service to a client
- c. case consultation outside of the center assessment activities

### **72: MH Prevention**

Unit of Service: ¼ Hour

Definition: A comprehensive planned set of activities designed to increase knowledge and awareness about mental health among defined populations or to prevent maladjustment, maladaptation and to promote wellness through cognitive and emotional problem solving and coping skills.

### **77: MR Adult Foster Care Home Residential Supports**

Definition: Residential Supports provide twenty four (24) hour supervision, and training in activities such as laundry, routine household care, self-care, shopping, money management, socialization, and leisure activities. Up to three individuals receiving waiver services can live in a residential setting.

An Adult Foster Care home is a private home where up to three individuals over the age of 21 may live and is owned by the provider/family

### **95: MR Group Home Residential Supports**

Definition: Residential Supports provide twenty four (24) hour supervision, and training in activities such as laundry, routine household care, self-care, shopping, money management, socialization, and leisure activities. Up to three individuals receiving waiver services can live in a residential setting.

Group Home services provide residential training to facilitate independence for four to eight persons with mental retardation or developmental disabilities who require assistance with the acquisition, retention, or improvement of skills related to activities of daily life. The group home shall meet all regulations as promulgated by 902 KAR 20:078, which provides the licensure requirements for the operation of group homes and the services provided.

Unit of Service: 1 Day

### **96: MR Family Home Residential Supports**

Definition: Residential Supports provide twenty four (24) hour supervision, and training in activities such as laundry, routine household care, self-care, shopping, money management, socialization, and leisure activities. Up to three individuals receiving waiver services can live in a residential setting.

A Family Home is a private residence where up to three individuals may reside and is owned by the provider/family

**97: MR Staffed Residence Residential Supports**

Definition: Residential Supports provide twenty four (24) hour supervision, and training in activities such as laundry, routine household care, self-care, shopping, money management, socialization, and leisure activities. Up to three individuals receiving waiver services can live in a residential setting.

A Staffed Residence is a home rented or owned by the provider agency where up to three individuals may live.

## C. Detail of Changes to Client Data Set Guide

### ✓ Field 6. Client Status Code

*Description:* 3. Client Status Pseudo Client: Services/Purchases reported under Appendix E (FA0-12) MHMR Service Codes 24 and 25 for which the service/purchase cannot be reported on a client by client basis may be reported using special reporting procedure

*Valid Codes:* 3 = Pseudo Client

### ✓ Field 10. Race

**Special Note: Japanese –Americans should be classified as Asian (04) not Pacific Islander (06)**

### ✓ Field 13. Veteran Status

**Special Note: Military Service is defined as anyone in Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey.**

### ✓ Field 14. Marital Status

**Special Note: Clients whose only marriage has been annulled should be counted as never married.**

### ✓ Field 22. Source of Referral - Primary

*Description:* Defines who made the primary referral of the client to the program

*Valid Codes:* 20 Drug Court

### **Add clarification of field headers:**

- ✓ Field 25. Axis I Diagnosis 1 - Clinical Disorders/Conditions
- ✓ Field 26. Axis I Diagnosis 2 - Clinical Disorders/Conditions
- ✓ Field 27. Axis I Diagnosis3- Clinical Disorders/Conditions
- ✓ Field 28. Axis I Diagnosis4- Clinical Disorders/Conditions
- ✓ Field 29. Axis I Diagnosis5- Clinical Disorders/Conditions
- ✓ Field 30. Axis I Diagnosis6- Clinical Disorders/Conditions
- ✓ Field 31. Axis II Diagnosis 1 - Mental Retardation and Personality Disorders
- ✓ Field 32. Axis II Diagnosis 2- Mental Retardation and Personality Disorders
- ✓ Field 33. Axis II Diagnosis 3- Mental Retardation and Personality Disorders
- ✓ Field 34. Axis II Diagnosis 4- Mental Retardation and Personality Disorders
- ✓ Field 35. Axis III Diagnosis 1- General Medical Conditions
- ✓ Field 36. Axis III Diagnosis 2- General Medical Conditions
- ✓ Field 37. Axis III Diagnosis 3- General Medical Conditions
- ✓ Field 38. Axis III Diagnosis 4- General Medical Conditions

## ✓ Field 51. Perpetrator of Physical Abuse

*Description:* By definition, this population includes both clients who present the problem of physical violence upon entering the treatment system and those clients who present other problems initially but acknowledge the existence of physical violence after treatment services begin.

In cases when a client is referred to your center for violence offender services the client should definitely be coded as a "perpetrator of physical violence" even if they only acknowledge one incident of physical violence.

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